			Application or Docket Number								
	PATENT A	ON RECORI	D	~	a .	<u> </u>	585				
Effective December 29, 1999							0	116	له در		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
FO	R		NUMBER FILED		NUMBER EXTRA		Έ	FEE] [RATE	FEE
BAS	SIC FEE							345.00	OR		690.00
то	TAL CLAIMS	_ 3	minus 20	20= *		X\$ 9	9 =		OR	X\$18=	
IND	EPENDENT CL	AIMS ¥	minus 3	3 =			}=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130	+130=		OR	+260=	
• If	the difference	in column 1 is l	ess than zer	ro, enter "0" in c	olumn 2		TOTAL		OR		690
CLAIMS AS AMENDED - PART II							OTHER TH				THAN
		(Column 1)		(Column 2)	(Column 3)	SMA	LL E	ENTITY	OR	SMALL	
ENT A	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	* 3	Minus	. 20	= -	X\$ 9	9=		OR	X\$18=	
AMENDMENT	Independent	. ,	Minus	3	=	X39	}=		OR	X78=	
\\ \text{\overline{A}}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130			OR		
					•		U= DTAL		٦,,	TOTAL	
							FEE	<u> </u>	OR	ADDIT. FEE	
 	T	(Column 1)	;··, , d	(Column 2) HIGHEST	(Column 3)			ADDI-	٦		ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	TE	TIONAL FEE		RATE	TIONAL FEE
NDMENT	Total	*	Minus	**	=	X\$	9=	L	OR	X\$18=	
AMEN		*	Minus	***	=	X39	9=		OR	X78=	
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	·0=		OR		
			T(OTAL		OR	TOTAL				
	(0.1						FEE			ADDIT. FEE	<u> </u>
-		(Column 1)		(Column 2) HIGHEST	(Column 3)			ADD:	٦		ADDI-
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	-	RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$	9=		OR	X\$18=	
MEN	Independent	*	Minus	***	=	X3:	—— 9=	<u> </u>	OR	V70	
P	FIRST PRESI	ENTATION OF N	IULTIPLE DE	PENDENT CLAIM	М			†	1	` 	+
			the and	imp 2 weits son.	John 3	+13		 	OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
1.		Lumbar Draviauchi [Daid Eac' IN TH	IIS SPACE is less the or Independent) is the is the second of the seco	han 3. enter "3."				ox in c	olumn 1.	